

PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875						Application or Dock Number 10/097231			
CLAIMS AS FILED - PART I									
(Column 1)		(Column 2)		SMALL ENTITY		OR OTHER THAN SMALL ENTITY			
FORM	NUMBER FILED	NUMBER EXTRA		RATE	FEE	RATE	FEE		
BASIC FEE (37 CFR 1.18(a))									
TOTAL CLAIMS (37 CFR 1.18(c))									
INDEPENDENT CLAIMS (37 CFR 1.18(b))									
BASIC FEE (INDEPENDENT CLAIM PRESENT) (37 CFR 1.18(b))									
* If the difference in column 1 is less than 500, enter "0" in column 2				TOTAL		TOTAL			
CLAIMS AS AMENDED - PART II									
(Column 1)		(Column 2)		(Column 3)		SMALL ENTITY		OR OTHER THAN SMALL ENTITY	
AMENDMENT A	DATE	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE	
Total	3/7/05	4	20						
INDEPENDENT		1	3						
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.103)									
TOTAL ADDL FEE							TOTAL ADDL FEE		
(Column 1)		(Column 2)		(Column 3)		SMALL ENTITY		OR OTHER THAN SMALL ENTITY	
AMENDMENT B	DATE	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE	
Total	5/6/05	4	20						
INDEPENDENT		1	3						
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.103)									
TOTAL ADDL FEE							TOTAL ADDL FEE		
(Column 1)		(Column 2)		(Column 3)		SMALL ENTITY		OR OTHER THAN SMALL ENTITY	
AMENDMENT C	DATE	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE	
Total	5/26/05	4	20						
INDEPENDENT		1	3						
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.103)									
TOTAL ADDL FEE							TOTAL ADDL FEE		

* If the difference in column 1 is less than 500, enter "0" in column 2.
 ** If the highest number previously paid for is less than 20, enter "20".
 *** If the highest number previously paid for is less than 3, enter "3".
 **** The total fee is the sum of the fees for the independent claims plus the fee for the multiple dependent claims.

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